

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	4

 /

D	D
2	0

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	4

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

12759.02

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

04/22/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

1896.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Rental of phone center

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

23043.03

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

1896.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Rental of phone center

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

24939.03

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3353.69

(a) SUBTOTAL of Itemized Independent Expenditures

3968.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 31**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jessica Akers

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

2221 Wentwood Valley Dr. #44

Amount

176.51

City

Little Rock

State

AR

Zip Code

72212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

3530.20

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

AR Democrat Gazette

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

PO Box 2221

Amount

139.22

City

Little Rock

State

AR

Zip Code

72203

Purpose of Expenditure

Job Ad

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

908.84

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Donna Banaszak

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

5018 Tonka Trail

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72118

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

616.00

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

438.93

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Brian Barnett

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2587.20

Full Name (Last, First, Middle Initial) of Payee

Brian Barnett

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2710.40

Full Name (Last, First, Middle Initial) of Payee

Blue and White Taxi

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

1400 Van Buren Street NE #120

Amount

5.18

City

Minneapolis

State

MN

Zip Code

55413

Purpose of Expenditure

Cab fare

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

34.00

(a) SUBTOTAL of Itemized Independent Expenditures

251.58

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
T'Keyah Booker

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
9 Melinda Dr

Amount

123.20

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and BenefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State
NMZip Code
87120Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3247.65

Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State
NMZip Code
87120Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3424.16

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3449.16

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

5701 Cochiti Dr, NW

Amount

176.51

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3625.67

Full Name (Last, First, Middle Initial) of Payee

Stanley Cash

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

1622 Gaines

Amount

123.20

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1478.40

(a) SUBTOTAL of Itemized Independent Expenditures

324.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Stanley Cash

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1622 Gaines

Amount

123.20

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1601.60

Full Name (Last, First, Middle Initial) of Payee
Crown Plaza

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City
Little RockState
ARZip Code
72211Purpose of Expenditure
LodgingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1003.50

Full Name (Last, First, Middle Initial) of Payee
Crown Plaza

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

201 South Shackelford Rd

Amount

66.90

City
Little RockState
ARZip Code
72211Purpose of Expenditure
LodgingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1070.40

(a) SUBTOTAL of Itemized Independent Expenditures

257.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code
Columbus OH 43215Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 6011.32Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
95 W. 1st Ave Apt 1

Amount

218.18

City State Zip Code
Columbus OH 43215Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 6229.50Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
95 W. 1st Ave Apt 1

Amount

25.00

City State Zip Code
Columbus OH 43215Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 6254.50

(a) SUBTOTAL of Itemized Independent Expenditures

268.18

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

218.18

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

6472.68

Full Name (Last, First, Middle Initial) of Payee

Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

Hardin Rd

Amount

138.14

City

Little Rock

State

AR

Zip Code

72203

Purpose of Expenditure

Housing

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4091.06

Full Name (Last, First, Middle Initial) of Payee

Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

Hardin Rd

Amount

138.14

City

Little Rock

State

AR

Zip Code

72203

Purpose of Expenditure

Housing

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ 2010☐ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4229.20

(a) SUBTOTAL of Itemized Independent Expenditures

494.46

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tyerra Flowers

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

7801 Preston Drive

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and Benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Lauryan Ford

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

8311 Community Rd

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and Benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

Full Name (Last, First, Middle Initial) of Payee

Kaila Holloway

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

5024 Baseline Road

Amount

123.20

City

Little Rock

State

AR

Zip Code

72209

Purpose of Expenditure

Salary and Benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General2010
☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

123.20

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5454.50Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Willie Holmes

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
2220 S. State St. Apt 3

Amount

218.18

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5672.68Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Adrina Jennings

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
722 W. 47th St

Amount

123.20

City State Zip Code
North Little Rock AR 72218Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2340.80Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

559.56

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

176.51

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4456.71Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4481.71Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Steve Karbowskiak

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

176.51

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4658.22Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

378.02

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Steve Karbowiak

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City
ClevelandState
OHZip Code
44109Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4683.22

Full Name (Last, First, Middle Initial) of Payee
Kroger

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
315 N. Shackleford Road

Amount

5.38

City
Little RockState
ARZip Code
72211Purpose of Expenditure
Office SuppliesCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

5.38

Full Name (Last, First, Middle Initial) of Payee
Mark Lewis

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
2509 West 6th

Amount

123.20

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

739.20

(a) SUBTOTAL of Itemized Independent Expenditures

153.58

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mark Lewis

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
2509 West 6th

Amount

123.20

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

862.40

Full Name (Last, First, Middle Initial) of Payee
Frederick Manning

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
317 West Indiana St

Amount

123.20

City
BeebeState
ARZip Code
72012Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1848.00

Full Name (Last, First, Middle Initial) of Payee
Frederick Manning

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
317 West Indiana St

Amount

123.20

City
BeebeState
ARZip Code
72012Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1971.20

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Henry Miller

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1000 E. 9th St

Amount

123.20

City
Little RockState
ARZip Code
72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2464.00

Full Name (Last, First, Middle Initial) of Payee
John Morgan

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1805 Marshall Dr

Amount

123.20

City
Little RockState
ARZip Code
72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1971.20

Full Name (Last, First, Middle Initial) of Payee
John Morgan

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1805 Marshall Dr

Amount

123.20

City
Little RockState
ARZip Code
72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2094.40

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tony Orr

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

28 Bentley Circle

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2217.60

Full Name (Last, First, Middle Initial) of Payee

Tony Orr

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

28 Bentley Circle

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2340.80

Full Name (Last, First, Middle Initial) of Payee

Tracy Reynolds

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

1117 East Washington Ave.

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72114

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

739.20

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tracy Reynolds

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

1117 East Washington Ave.

Amount

123.20

City

North Little Rock

State

AR

Zip Code

72114

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

862.40

Full Name (Last, First, Middle Initial) of Payee

Thomas Rice

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

2735 Riverbend Rd.

Amount

123.20

City

Heber Springs

State

AR

Zip Code

72543

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

862.40

Full Name (Last, First, Middle Initial) of Payee

Thomas Rice

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

2735 Riverbend Rd.

Amount

123.20

City

Heber Springs

State

AR

Zip Code

72543

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

985.60

(a) SUBTOTAL of Itemized Independent Expenditures

369.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4305.20

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

176.51

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4481.71

Full Name (Last, First, Middle Initial) of Payee

Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ 2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

4506.71

(a) SUBTOTAL of Itemized Independent Expenditures

226.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1203 Emerson St. Apt 21

Amount

176.51

City State Zip Code
Denver CO 90218Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 4683.22Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Brandon Scott

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1814 Cross

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 492.80Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Brandon Scott

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1814 Cross

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 616.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

422.91

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Shell

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address
800 Broadway

Amount

City
Little RockState
ARZip Code
72202

36.29

Purpose of Expenditure
GasCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

949.43

Full Name (Last, First, Middle Initial) of Payee
Charles Shields

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address
210 Park Place

Amount

City
Pine BluffState
ARZip Code
71601

123.20

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

246.40

Full Name (Last, First, Middle Initial) of Payee
Charles Shields

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address
210 Park Place

Amount

City
Pine BluffState
ARZip Code
71601

123.20

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

369.60

(a) SUBTOTAL of Itemized Independent Expenditures

282.69

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Terry Smith

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
10 Nantucket Circle

Amount

123.20

City State Zip Code
Little Rock AR 72209Purpose of Expenditure
Salary and BenefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 123.20Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Terry Smith

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
10 Nantucket Circle

Amount

123.20

City State Zip Code
Little Rock AR 72209Purpose of Expenditure
Salary and BenefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 246.40Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

25.00

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5230.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

271.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

202.50

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5432.50Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

25.00

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5457.50Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

202.50

City State Zip Code
Blacklick OH 43004Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 5660.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

430.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Samuel Snodgrass

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
302 E. Roosevelt

Amount

123.20

City State Zip Code
Little Rock AR 72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1848.00Full Name (Last, First, Middle Initial) of Payee
Corey Spangler

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
2 Helen St Apt 4

Amount

176.51

City State Zip Code
Ward AR 72176Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 3000.67Full Name (Last, First, Middle Initial) of Payee
Staples

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
12309 Chenal Parkway

Amount

228.14

City State Zip Code
Little Rock AR 72211Purpose of Expenditure
Office SuppliesCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1287.13

(a) SUBTOTAL of Itemized Independent Expenditures

527.85

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **24 / 31**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City

Tampa

State

FL

Zip Code

33336

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3380.54

Full Name (Last, First, Middle Initial) of Payee

Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

185.36

City

Tampa

State

FL

Zip Code

33336

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3565.90

Full Name (Last, First, Middle Initial) of Payee

Kyle Taylor

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City

Tampa

State

FL

Zip Code

33336

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3590.90

(a) **SUBTOTAL** of Itemized Independent Expenditures

235.36

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

185.36

City
TampaState
FLZip Code
33336Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3776.26

Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Mailing Address

3804 W. Capitol Ave

Amount

123.20

City
Little RockState
ARZip Code
72205Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2217.60

Full Name (Last, First, Middle Initial) of Payee
Moksheda Thapa

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Mailing Address

3804 W. Capitol Ave

Amount

123.20

City
Little RockState
ARZip Code
72205Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2340.80

(a) SUBTOTAL of Itemized Independent Expenditures

431.76

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

84.37

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

9730.59

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

9844.29

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

9897.87

(a) SUBTOTAL of Itemized Independent Expenditures

251.65

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

52.76

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

9950.63

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

49.12

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

9999.75

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

84.37

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

10084.12

(a) SUBTOTAL of Itemized Independent Expenditures

186.25

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

10197.82

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

10251.40

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

52.76

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

10304.16

(a) SUBTOTAL of Itemized Independent Expenditures

220.04

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

City State Zip Code
Little Rock AR 72206

49.12

Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 10353.28Full Name (Last, First, Middle Initial) of Payee
Jonathan Turner

Date

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0Mailing Address
10110 Douglas Oaks Circle, Apt 301

Amount

City State Zip Code
Tampa FL 33610

123.20

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1848.00Full Name (Last, First, Middle Initial) of Payee
Jonathan Turner

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
10110 Douglas Oaks Circle, Apt 301

Amount

City State Zip Code
Tampa FL 33610

123.20

Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 1971.20

(a) SUBTOTAL of Itemized Independent Expenditures

295.52

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **30 / 31**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2464.00

Full Name (Last, First, Middle Initial) of Payee

Aaron Watkins

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	0

Mailing Address

100 Dennison St. Apt 3

Amount

123.20

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2587.20

Full Name (Last, First, Middle Initial) of Payee

David Wehde

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	0

Mailing Address

3126 Oakland Ave S

Amount

45.00

City

Minneapolis

State

MN

Zip Code

55407

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

315.00

(a) **SUBTOTAL** of Itemized Independent Expenditures

291.40

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 31 / 31

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
David Wehde

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
3126 Oakland Ave S

Amount

45.00

City State Zip Code
Minneapolis MN 55407Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 360.00Full Name (Last, First, Middle Initial) of Payee
Frantasia Young

Date

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0Mailing Address
10204 Republic Lane

Amount

123.20

City State Zip Code
Little Rock AR 72209Purpose of Expenditure
Salary and BenefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought 123.20

(a) SUBTOTAL of Itemized Independent Expenditures

168.20

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

13508.78